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AUG 27 2007

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27142      7590      06/18/2007

**MCKEE, VOORHEES & SEASE, P.L.C.**  
ATTN: PIONEER HI-BRED  
801 GRAND AVENUE, SUITE 3200  
DES MOINES, IA 50309-2721

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**ROBERT A. HODGSON**

(Depositor's name)

(Signature)

8-23-07

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/785,492	02/24/2004	Mark David Hoffbeck	P06316US02-1434	1322

TITLE OF INVENTION: INBRED MAIZE LINE PH70R

08/28/2007 NNGUYEN2 00000035 10785492

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	09/18/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MEHTA, ASHWIN D	1638	800-320100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**McKEE, VOORHEES & SEASE, P.L.C.**  
**801 Grand Ave., Suite 3200**  
**DES MOINES, IOWA 50309-2721**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PIONEER HI-BRED INTERNATIONAL, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

JOHNSTON, IA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 26-0084 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 8-23-07

Typed or printed name ROBERT A. HODGSON

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